

POST-DEPLOYMENT HEALTH REASSESSMENT APPLICATION

USER'S GUIDE

June 2006



PDHRA



***Looking out for the
health and wellbeing
of our Airmen***

POST-DEPLOYMENT HEALTH REASSESSMENT

P D H R A

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TABLE OF CONTENTS

Overview of the PDHRA	1
The PDHRA Process	1
Key Participants in the PDHRA Process	3
UDM	3
PDHRA Monitor	3
PIMR Application Manager	4
PDHRA Utilization Managers (PHSD)	5
Contract Hires	5
PCM Team	5
LSSC	6
PDHRA Results	6
Instructions for the MTF	12
Accessing PDHRA	12
Reviewing Negative Forms	13
Selecting Negative Forms Not Yet Printed	14
Reviewing a Positive Form	15
Completing the Provider Portion (page 4) of the PDHRA	16
To Print Forms	18
Instructions For UDMs	19
Accessing Rosters	19
Fixing A UDM E-mail Address	22
Contacting members requiring a PDHRA	24
Instructions for the PRP	25
Setting a Browser Cookie	25
Establishing an Approved IP Address	26
Additional Question Sets	27
AUDIT	27
AUDIT Scores	27
AUDIT Questionnaire	27
PCL-M	29
PCL-M Scores	29
PCL-M Questionnaire	29
Modified PHQ-9	31
Modified Questionnaire	31
PHQ-9 Scores	32
Useful Links	33
References	34

OVERVIEW OF THE PDHRA

The health and wellbeing of Airmen is the cornerstone of war-fighting capabilities. For this reason, their health is aggressively monitored and managed during and after deployments. In December 2005, in addition to other tools already in place, the Air Force implemented the Post-Deployment Health Reassessment (PDHRA) (DD Form 2900) program and appropriate clinical assessments to ensure that forces are “fit to fight.” The PDHRA program is a Department of Defense (DoD) requirement that allows for the early identification and management of symptoms that may appear in the months following a deployment.

■ The PDHRA Process

The Air Force has automated the PDHRA process to ensure that important health care information reaches the healthcare team in a timely and efficient manner, while avoiding unnecessary appointments, and optimizing the Military Treatment Facility's (MTF) efforts. Active Duty Air Force (ADAF) members returning from deployment after 1 March 2004 that required a DD Form 2796 (Post-Deployment Health Assessment, or PDHA) will be instructed by their Unit Deployment Managers (UDMs) to complete the web-based DD Form 2900 90-180 days after returning from deployment. In addition, any service member who has deployed since September 11, 2001 may also complete the PDHRA in absence of notification by their UDM.

Members on the Personnel Reliability Program (PRP) are an exception. These members must make an appointment to complete the PDHRA in-person at their MTF.

Once a member has completed the PDHRA online, the results are immediately available for retrieval by the MTF via the Preventive Health Assessment and Individual Medical Readiness (PIMR) software. The MTF must review PDHRA results within one duty day to initiate a triaging process for their members and will be responsible for implementing procedures, including designating personnel to check PIMR daily for PDHRA results. If PDHRA results have not been reviewed within one duty day, the Population Health Support Division (PHSD) PDHRA Utilization Managers (PDHRA UMs) will contact the MTF.

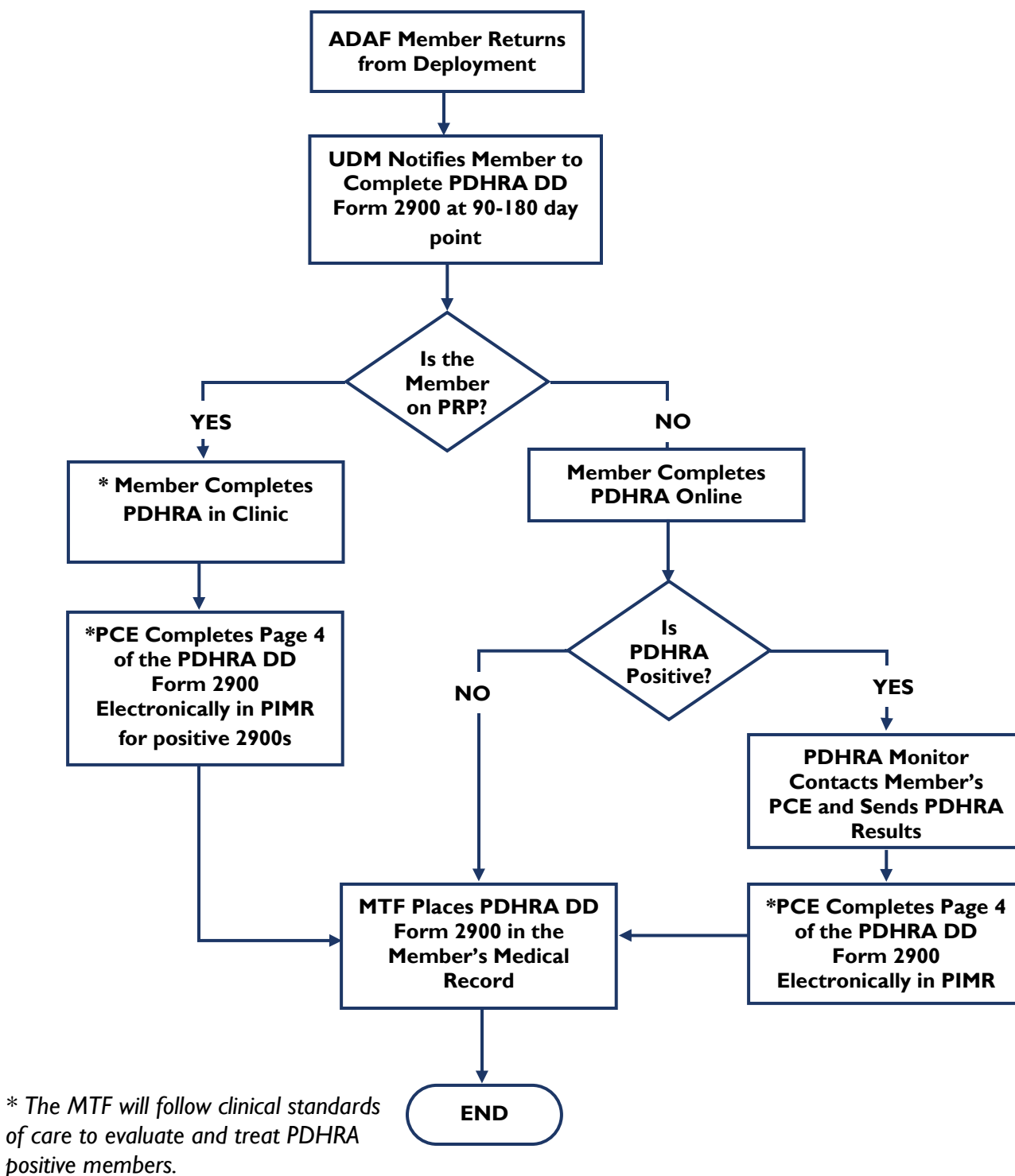


Figure 1 – PDHRA Process Flow Diagram

■ Key Participants in the PDHRA Process

While all healthcare providers and ancillary staff play an important role in post-deployment health, there are specifically defined roles for several personnel in the PDHRA process. These include the Unit Deployment Manager (UDM), the PDHRA Monitor, the PIMR Application Manager, the Primary Care Element (PCE), and the PHSD PDHRA UMs.

UDM

The UDM will:

- ◆ Initially notify members when they are due for a PDHRA. This is done 90 to 180 days after returning from a deployment that required the member complete a DD Form 2796.
- ◆ Provide members with the PDHRA educational brochure, available at: <https://kx.afms.mil/pdhra>, which contains the URL they will need to complete the online PDHRA for those not on PRP.
- ◆ Refer PRP personnel to make an appointment with their Primary Care Manager (PCM).
- ◆ Have a process in place to detect when a member is due to complete their PDHRA and when members have completed their PDHRA.
- ◆ Utilize the AF PDHRA UDM website to view a list of due members. (This, however, should not be the primary means by which UDMs keep track of members due for PDHRAs. It is designed to be an assisting, but not comprehensive mechanism.) See the Instructions for UDMs section for guidance on accessing this site.
- ◆ Provide the PIMR Application Manager updated contact information to ensure PIMR is current for each UDM.

PDHRA Monitor

The PDHRA Monitor and alternate monitor are appointed by the MTF commander. Each MTF determines which personnel are best suited to serve as PDHRA Monitors based upon local needs, but generally the PDHRA Monitor requires access to PIMR, the ability to print DD Form 2900s for filing in medical records and access to the PCE and/or Life Skills Support Center (LSSC). The PDHRA Monitor will:

- ◆ Check the PDHRA site daily within PIMR for positive PDHRAs.

- ◆ Ensure positive PDHRA results are immediately brought to the attention of a clinical provider who is responsible for follow-up action.
- ◆ Function as a PIMR PDHRA-ADMINISTRATIVE USER within PIMR and receive e-mail notification when positive PDHRAs are pending.
- ◆ Serve as the point of contact for the PHSD PDHRA UMs who will be contacting them if PDHRAs are not reviewed within a duty day.

PIMR Application Manager

The PIMR Application Manager is the software administrator providing software management support to the PIMR system. He/she assigns passwords, administrative privileges and assists all MTF personnel in the use of PIMR software. The PIMR Application Manager must have attended the PIMR training given at USAFSAM, Brooks City Base, Texas. The PIMR Application Manager will:

- ◆ Serve as the PHSD point of contact for technical issues with PIMR and PIMR-PDHRA. At most MTFs, the PIMR Application Manager is an existing position, and there may be several individuals who serve in this role.
- ◆ Assign the following access levels for PDHRA:

Administrative User (PDHRA Monitor and alternate monitor)

This level of access allows a user to review PDHRAs and make entries. This level of access is provided to the PDHRA Monitor and alternate monitor, who will also be receiving e-mails from PHSD regarding pending positive PDHRAs at their MTF.

Read and Edit User (Healthcare provider and support staff)

This level of access allows a user to review PDHRAs and make entries, e.g. complete the provider page of the PDHRA, and complete the administrative section of page 4 items 9 and 10 of the PDHRA.

It is anticipated that all PCEs (i.e., providers, nurses, and technicians) will have this level of access.

This level of access will not receive the positive e-mail notifications.

PIMR PDHRA Read Only User (Force Health Management, Outpatient Records element, et al)

This level of access allows an individual to only review PDHRA results.

PDHRA Utilization Managers (PHSD)

- ◆ Work at the PHSD, Air Force Modernization Directorate (AF/SGRKP), and Office of the Surgeon General, Brooks City Base, Texas.
- ◆ Provide quality checks at each step of the PDHRA process.
- ◆ Follow-up with UDMs in cases where a member has not completed the PDHRA within 120 days.
- ◆ Follow-up with the PDHRA monitor in cases where positive PDHRA results have not been reviewed by the MTF within one duty day or when page 4 of the PDHRA has not been completed within 30 days of reviewing a positive PDHRA. When page 4 of the PDHRA has not been completed within 30 days, the UMs will contact both the PDHRA Monitor and the Chief of the Medical Staff (SGH).
- ◆ Work with the SGH to solve persistent issues concerning PDHRA, e.g., incomplete positives, overdue assessment, and lack of documentation.

Contract Hires

At MTFs with the largest number of deployers, civilian positions have been created to enable placement of ADAF behavioral health providers (i.e. psychologists and social workers) directly in primary care to support and implement the behavioral health optimization project (BHOP). These ADAF providers are referred to as Behavioral Health Consultants (BHCs) and will work full-time in the primary care clinic.

The contract hires will:

- ◆ Work in the LSSC providing specialty behavioral health care, allowing the ADAF personnel to function as BHCs.
- ◆ BHCs may serve in the role of PDHRA Monitor, but it is not required as their primary purpose is to assist with the clinical management of positive PDHRAs and other behavioral health needs of all MTF enrollees.

PCM Team

- ◆ Review positive PDHRAs to determine what action is required.
- ◆ Provide initial follow-up on all patients who have endorsed any physical health concerns and close out page 4.
- ◆ Use PDHRA application notes capability to document actions taken to evaluate a positive PDHRA, especially for records not closed out within the 30 day time period.

LSSC

- ◆ MTFs with a contract PDHRA behavioral health provider will refer patients with positive behavioral health PDHRAs to the BHC in primary care.
- ◆ For all other MTFs, the PCE and LSSC flight chiefs, under direction of the SGH, will devise local policy on how to process PDHRAs with behavioral health concerns only.
- ◆ PDHRAs that are positive for physical health concerns only or both physical and behavioral health concerns must first be evaluated by the PCE Team **NOT** the LSSC or BHC.

■ PDHRA Results

The web-based PDHRA application has been designed to identify certain responses as positives. A positive PDHRA is defined as endorsement of any of the items outlined in red on the PDHRA DD Form 2900 (pp 9-10 in this document).

There are a few items on the PDHRA that involve an additional algorithm and are outlined with a dotted line. For question 3, if a member endorses “4-5 visits” or “over 6 visits” this item will only be considered a positive response if the member did not indicate on question 1 that their health was either “excellent or very good.” On question 11, if a member endorses “few or several days” for either question 11a or 11b, they will be offered to complete the Modified Patient Health Questionnaire-9 (PHQ-9), which is one of the additional question sets. If they decline to complete the Modified PHQ-9 then this question will be considered a positive item. If they do complete the Modified PHQ-9 and respond below the pre-determined clinical cut-off then endorsement of “few or several days” for 11a or b will be considered a negative. If a member endorses “few or several days” for BOTH 11a and 11b, it is considered a positive.

Members with positive PDHRAs will need appropriate follow-up with the MTF, usually with their PCE. A credentialed healthcare provider must complete page 4 of the PDHRA DD Form 2900. The form must be completed within PIMR or the Air Force PDHRA provider website to allow the required electronic submittal of the form to Army Medical Surveillance Agency (AMSA). The PDHRA UMs will contact the MTF if a required page 4 has not been completed within 30 days of the time the member completed the initial part of the form.

Depending on a member's responses on the PDHRA, they may be asked to complete additional question sets in order to help providers fully assess the members' symptoms. These questions may refer to substance use, post-traumatic stress disorder (PTSD), mood and overall functioning. These questions come from the Alcohol Use Disorders Identification Test (AUDIT),

the PTSD Checklist-Military Version (PCL-M), and questions from the Modified PHQ-9. Responses to additional questions are printed automatically with the PDHRA form for provider review. Scoring information for each additional questionnaire is provided in the printed output. Directions for scoring the PHQ-9 can be found in the section of this User Guide entitled Additional Question Sets.

The SGH is responsible for ensuring that the appropriate action is taken for positive PDHRAs. Appropriate clinical follow-up on positive PDHRAs should be based on prevailing clinical standards of care.

A positive PDHRA does not automatically require an in-person follow-up. Sometimes, a positive PDHRA simply reflects a health concern that has already been appropriately addressed. This should then be noted on page 4, and no further action is necessary. In some cases, a phone call may be adequate to clarify the nature of the concern and to determine if further action is needed. For all positive PDHRAs, the minimum requirement is to document on page 4 (see page 12) that a clinical assessment took place along with the rationale for action or lack of further action. Positive PDHRAs may be closed out (with appropriate documentation on page 4) without patient contact in cases where the health concerns pose minimal risk **AND** efforts to contact the patient and/or have the patient be seen are unsuccessful. PDHRAs should only be closed out when appropriate and documented clinical decisions have been made, and page 4 should not be closed out for reasons of expediency or convenience.

In cases where a member's responses on the PDHRA are judged by the clinician to be of greater than minimal risk and the ADAF member resists further evaluation (i.e., doesn't return calls or attempts made to contact them; verbally refuses further evaluation), providers have the following options:

- ◆ Consult with a behavioral health provider on how best to proceed if behavioral health concerns were endorsed.
- ◆ Give the individual the choice of either cooperating with further evaluation or the provider can choose one or more of the following:
 - a) Discuss the risks and alternatives both medically and militarily to resisting further evaluation and appropriately document the issues discussed.
 - b) Put the individual on a profile pending further evaluation
 - c) Contact the member's unit commander to inform him/her of unresolved medical/fitness for duty concerns if significant concern to warrant a Command Direct Evaluation (CDE).

Note: Negative PDHRAs can be batch printed and placed in the member's medical record and require no further follow-up.



POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment in support of military operations and to assist military healthcare providers, including behavioral health providers, in identifying present and future medical care needs you may have. The information you provide may result in a referral for additional healthcare that may include behavioral healthcare.

Routine Use: To other Federal and State agencies and civilian healthcare providers as necessary in order to provide necessary medical care and treatment. Responses may be used to guide possible referrals.

Disclosure: Disclosure is voluntary.

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your **MOST RECENT DEPLOYMENT**.

Demographics

Last Name

First Name

MI

Date arrived theater (mm/yyyy)

Date departed theater (mm/yyyy)

Today's Date (dd/mm/yyyy)

DOB (dd/mm/yyyy)

Social Security Number

Gender

- ☐ Male
☐ Female

Service Branch

- ☐ Air Force
☐ Army
☐ Navy
☐ Marine Corps
☐ Coast Guard
☐ Other

Status Prior to Deployment

- ☐ Active Duty
☐ Selected Reserves - Reserve - Unit
☐ Selected Reserves - Reserve - AGR
☐ Selected Reserves - Reserve - IMA
☐ Selected Reserves - National Guard - Unit
☐ Selected Reserves - National Guard - AGR
☐ Ready Reserves - IRR
☐ Ready Reserves - ING
☐ Civilian Government Employee
☐ Other

Pay Grade

- ☐ E1 ☐ O01 ☐ W1
☐ E2 ☐ O02 ☐ W2
☐ E3 ☐ O03 ☐ W3
☐ E4 ☐ O04 ☐ W4
☐ E5 ☐ O05 ☐ W5
☐ E6 ☐ O06
☐ E7 ☐ O07 ☐ Other
☐ E8 ☐ O08
☐ E9 ☐ O09
☐ O10

Location of Operation

- ☐ Iraq ☐ South America
☐ Afghanistan ☐ North America
☐ Kuwait ☐ Australia
☐ Qatar ☐ Europe
☐ Bosnia/Kosovo ☐ On a ship
☐ SW Asia - other ☐ Other:
☐ Africa

Since return from deployment I have:

- ☐ Maintained/returned to previous status
☐ Transitioned to Selected Reserves:
☐ Transitioned to Ready Reserves:
☐ Retired from Military Service
☐ Separated from Military Service

Current Contact Information:

Phone: _____
Cell: _____
DSN: _____
Email: _____
Address: _____

Total Deployments in Past 5 Years:

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| OIF | OEF | Other |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 or more | <input type="radio"/> 5 or more | <input type="radio"/> 5 or more |

Current Unit of Assignment

Current Assignment Location

Point of Contact who can always reach you:

Name: _____
Phone: _____
Email: _____
Mailing Address: _____

Reset

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1. Overall, how would you rate your health during the PAST MONTH?

☐ Excellent

☐ Very Good

☐ Good

☒ Fair

☐ Poor

2. Compared to before your most recent deployment, how would you rate your health in general now?

☐ Much better now than before I deployed

☐ Somewhat better now than before I deployed

☐ About the same as before I deployed

☒ Somewhat worse now than before I deployed

☐ Much worse now than before I deployed

3. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?

☐ No visits

☐ 1 visit

☐ 2-3 visits

☐ 4-5 visits

☐ Over 6 visits

4. Since you returned from deployment, have you been hospitalized?

☐ Yes

☐ No

5. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt?

☒ Yes

☐ No

If NO, skip to Question 6.

5a. IF YES, are you still having problems related to this wound, assault, or injury?

☐ Yes

☐ No

☐ Unsure

6. Other than wounds or injuries, do you currently have a health concern or condition that you feel is related to your deployment?

☐ Yes

☐ No

☐ Unsure

If NO, skip to Question 7.

6a. IF YES, please mark the item(s) that best describe your deployment-related condition or concern:

☐ Chronic cough

☐ Runny nose

☐ Fever

☐ Weakness

☐ Headaches

☐ Swollen, stiff or painful joints

☐ Back pain

☐ Muscle aches

☐ Numbness or tingling in hands or feet

☐ Skin diseases or rashes

☐ Ringing of the ears

☐ Redness of eyes with tearing

☐ Dimming of vision, like the lights were going out

☐ Chest pain or pressure

☐ Dizziness, fainting, light headedness

☐ Difficulty breathing

☐ Diarrhea, vomiting, or frequent indigestion

☐ Problems sleeping or still feeling tired after sleeping

☐ Difficulty remembering

☐ Increased irritability

☐ Taking more risks such as driving faster

☐ Other: _____

7. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed?

☒ Yes

☐ No

If NO, skip to Question 8.

7a. IF YES, please mark the item(s) that best describe your concern:

☐ DEET insect repellent applied to skin

☐ Pesticide-treated uniforms

☐ Environmental pesticides (like area fogging)

☐ Flea or tick collars

☐ Pesticide strips

☐ Smoke from oil fire

☐ Smoke from burning trash or feces

☐ Vehicle or truck exhaust fumes

☐ Tent heater smoke

☐ JP8 or other fuels

☐ Fog oils (smoke screen)

☐ Solvents

☐ Paints

☐ Radiation

☐ Radar/microwaves

☐ Lasers

☐ Loud noises

☐ Excessive vibration

☐ Industrial pollution

☐ Sand/dust

☐ Blast or motor vehicle accident

☐ Depleted Uranium (if yes, explain)

☐ Other: _____

8. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? ☐ Yes ☐ No ☐ Unsure
9. Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you
- a. Have had any nightmares about it or thought about it when you did not want to ☐ Yes ☐ No
 - b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it ☐ Yes ☐ No
 - c. Were constantly on guard, watchful, or easily startled ☐ Yes ☐ No
 - d. Felt numb or detached from others, activities, or your surroundings ☐ Yes ☐ No
10. a. In the PAST MONTH, did you use alcohol more than you meant to? ☐ Yes ☐ No
- b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? ☐ Yes ☐ No
11. Over the PAST MONTH, have you been bothered by the following problems?
- | | Not at all | Few or several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
- ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult
13. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? ☐ Yes ☐ No
14. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? ☐ Yes ☐ No
15. Are you currently interested in receiving assistance for a family or relationship concern? ☐ Yes ☐ No
16. Would you like to schedule a visit with a chaplain or a community support counselor? ☐ Yes ☐ No



Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #

--	--	--	--	--	--	--	--	--	--

DATE (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:

- ☐ Confirmed screening results as reported ☐ Screening results modified, amended, clarified during interview:

2. Ask behavioral risk questions.

- a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? ☐ Yes ☐ No

IF YES, about how often have you been bothered by these thoughts? ☐ Very few days ☐ More than half of the time ☐ Nearly every day

- b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone? ☐ Yes ☐ No ☐ Unsure

3. IF YES OR UNSURE to behavioral risk questions, conduct risk assessment.

- a. Does member pose a current risk for harm to self or others? ☐ No, not a current risk ☐ Yes, poses a current risk ☐ Unsure, referred
- b. Outcome of assessment ☐ Immediate referral ☐ Routine follow-up referral ☐ Referral not indicated

4. Record additional questions or concerns identified by patient during interview:

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

5. Identified Concerns

Minor Concern

Major Concern

Already Under Care

Yes

No

- ☐ Physical Symptom ☐ ☐
- ☐ Exposure Concern ☐ ☐
- ☐ Depression Symptoms ☐ ☐
- ☐ PTSD Symptoms ☐ ☐
- ☐ Anger/Aggression ☐ ☐
- ☐ Suicidal Ideation ☐ ☐
- ☐ Social/Family Conflict ☐ ☐
- ☐ Alcohol Use ☐ ☐
- ☐ Other: ☐ ☐
- ☐ None ☐ ☐

7. Comments:

8. Provider

a. Name (Last, First) _____

b. Signature and stamp: _____

ICD-9 Code for this visit: V70.5_6

Ancillary Staff/Administrative Section

9. Member was provided the following:

- ☐ Health Education and Information
- ☐ Health Care Benefits and Resources Information
- ☐ Appointment Assistance
- ☐ Service member declined to complete form
- ☐ Service member declined to complete interview/assessment
- ☐ Service member declined referral for services
- ☐ Other: _____

10. Referral made to the following healthcare or support system:

- ☐ Military Treatment Facility
- ☐ Division/Line-Based Medical Resource
- ☐ VA Medical Center or Community Clinic
- ☐ Vet Center
- ☐ TRICARE Provider
- ☐ Contract Support: _____
- ☐ Community Service: _____
- ☐ Other: _____
- ☐ None

DD FORM 2900, JUN 2005

Reset

ASD(HA) APPROVED

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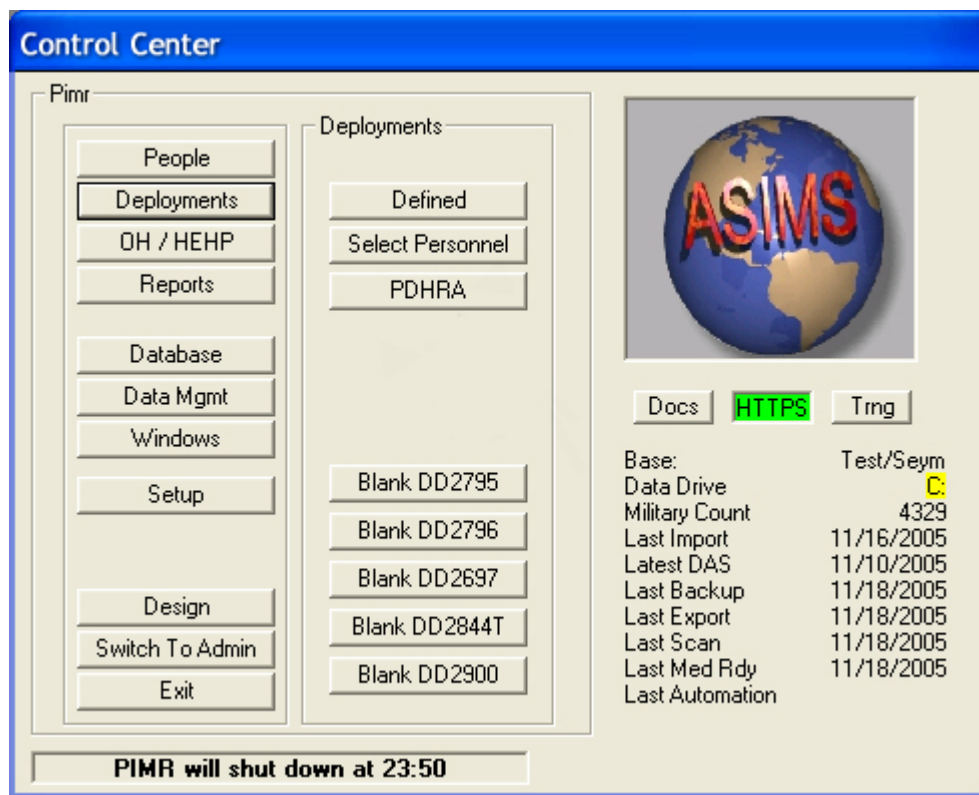
INSTRUCTIONS FOR THE MTF

■ Accessing PDHRA

To access the PDHRA:

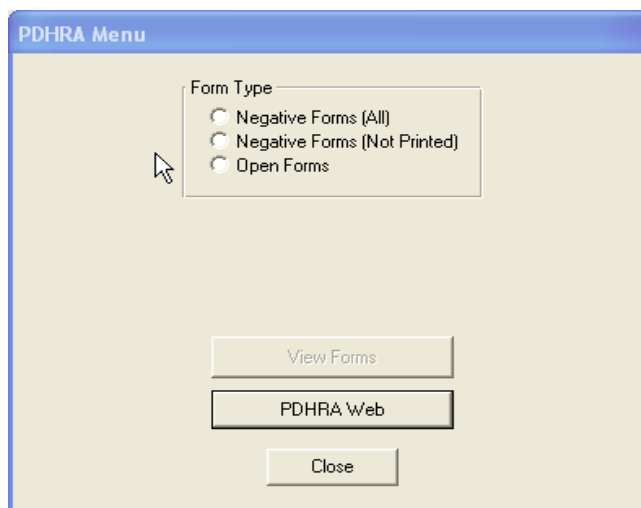
1. From the PIMR screen, click the **Deployments** button.

The Deployments menu options will display as shown below.



2. Click the **PDHRA** button in the Deployments section of the screen.

The PDHRA Menu will display as shown below.



The PDHRA Menu window has a title bar labeled "PDHRA Menu". Inside, there is a "Form Type" section with three radio button options: "Negative Forms (All)", "Negative Forms (Not Printed)", and "Open Forms". A mouse cursor is pointing at the "Negative Forms (All)" option. Below this section are three buttons: "View Forms", "PDHRA Web", and "Close".

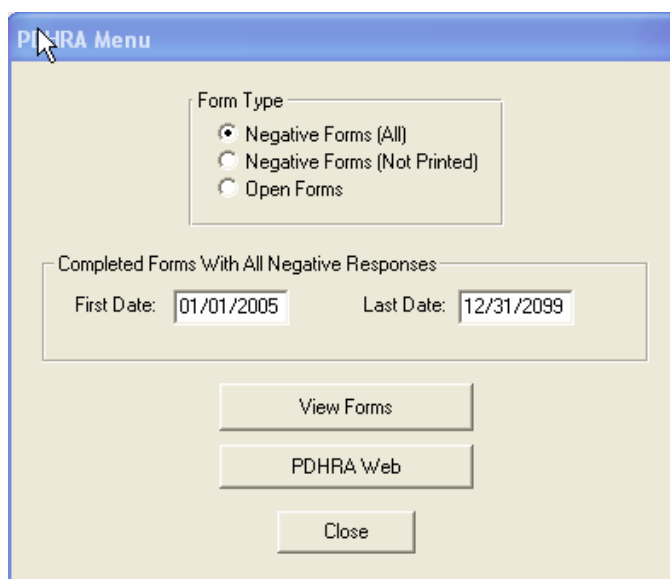
From the PDHRA menu, the user can select to review negative PDHRAs, review Positive PDHRAs, or access the PDHRA web application.

■ Reviewing Negative Forms

To review a Negative form:

1. Select the Negative Forms (All) option in the Form Type section of the PDHRA Menu window.


The Completed Forms With All Negative Responses section will be displayed in the PDHRA Menu window as shown below.



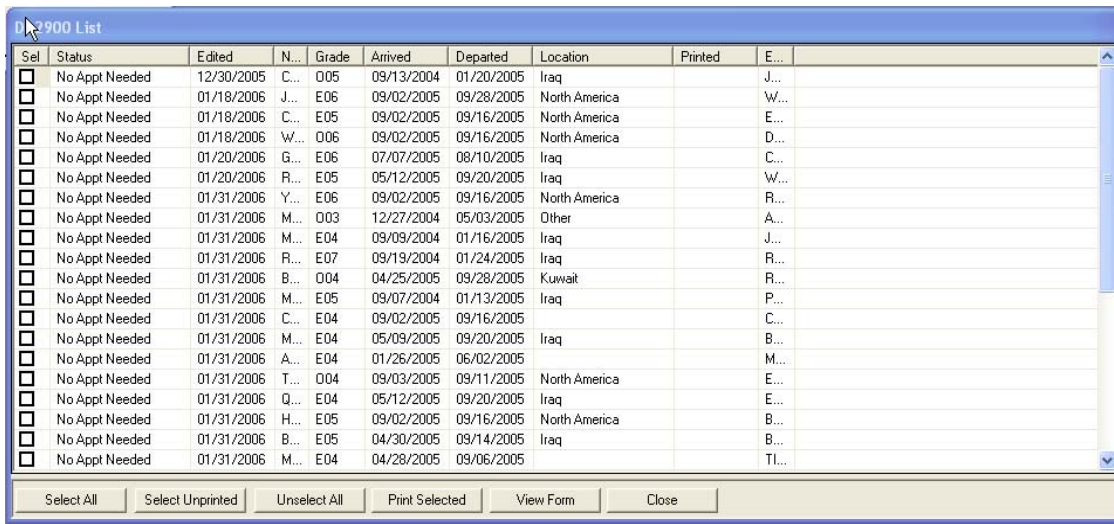
The PDHRA Menu window is shown with the "Negative Forms (All)" radio button selected. Below the "Form Type" section is a new section titled "Completed Forms With All Negative Responses". This section contains two date pickers: "First Date:" with the value "01/01/2005" and "Last Date:" with the value "12/31/2099". Below these date pickers are the same three buttons as in the previous window: "View Forms", "PDHRA Web", and "Close".

2. In the First Date and Last Date text fields, enter the date range of the forms you would like to review.


Note: The application uses the date when the member completed the form.

3. Click the  button.

The List of Negative forms will display as shown below.




Sel	Status	Edited	N...	Grade	Arrived	Departed	Location	Printed	E...
<input type="checkbox"/>	No Appt Needed	12/30/2005	C...	005	09/13/2004	01/20/2005	Iraq		J...
<input type="checkbox"/>	No Appt Needed	01/18/2006	J...	E06	09/02/2005	09/28/2005	North America		W...
<input type="checkbox"/>	No Appt Needed	01/18/2006	C...	E05	09/02/2005	09/16/2005	North America		E...
<input type="checkbox"/>	No Appt Needed	01/18/2006	W...	006	09/02/2005	09/16/2005	North America		D...
<input type="checkbox"/>	No Appt Needed	01/20/2006	G...	E06	07/07/2005	08/10/2005	Iraq		C...
<input type="checkbox"/>	No Appt Needed	01/20/2006	R...	E05	05/12/2005	09/20/2005	Iraq		W...
<input type="checkbox"/>	No Appt Needed	01/31/2006	Y...	E06	09/02/2005	09/16/2005	North America		R...
<input type="checkbox"/>	No Appt Needed	01/31/2006	M...	003	12/27/2004	05/03/2005	Other		A...
<input type="checkbox"/>	No Appt Needed	01/31/2006	M...	E04	09/09/2004	01/16/2005	Iraq		J...
<input type="checkbox"/>	No Appt Needed	01/31/2006	R...	E07	09/19/2004	01/24/2005	Iraq		R...
<input type="checkbox"/>	No Appt Needed	01/31/2006	B...	004	04/25/2005	09/28/2005	Kuwait		R...
<input type="checkbox"/>	No Appt Needed	01/31/2006	M...	E05	09/07/2004	01/13/2005	Iraq		P...
<input type="checkbox"/>	No Appt Needed	01/31/2006	C...	E04	09/02/2005	09/16/2005			C...
<input type="checkbox"/>	No Appt Needed	01/31/2006	M...	E04	05/09/2005	09/20/2005	Iraq		B...
<input type="checkbox"/>	No Appt Needed	01/31/2006	A...	E04	01/26/2005	06/02/2005			M...
<input type="checkbox"/>	No Appt Needed	01/31/2006	T...	004	09/03/2005	09/11/2005	North America		E...
<input type="checkbox"/>	No Appt Needed	01/31/2006	Q...	E04	05/12/2005	09/20/2005	Iraq		E...
<input type="checkbox"/>	No Appt Needed	01/31/2006	H...	E05	09/02/2005	09/16/2005	North America		B...
<input type="checkbox"/>	No Appt Needed	01/31/2006	B...	E05	04/30/2005	09/14/2005	Iraq		B...
<input type="checkbox"/>	No Appt Needed	01/31/2006	M...	E04	04/28/2005	09/06/2005			TI...


4. Select the ☐ check box next to the form you want to view.
5. Click the  button.

■ Selecting Negative Forms Not Yet Printed

To access all the negative forms that have not yet been sent to a printer:


1. From the PDHRA menu, select the Negative Forms (Not Printed) option.
2. Click the  button.

The list of negative forms not yet printed will display.

3. Select the ☐ check box next to the form you want to view.
4. Click the  button.

■ Reviewing a Positive Form

To review a positive PDHRA:

1. From the PDHRA menu, select the Open Forms option.
2. Click the  button.


The List of Positive forms will display as shown below.

[illegible]

Note: Once a PDHRA has been reviewed, the date on which it was opened will automatically appear in the Review Date column, as well as the name of the person who reviewed the PDHRA. A positive PDHRA will remain an Open form until the provider portion Page 4 is completed.

Note: Selecting the view open form option flags the record as reviewed. PIMR version 1430 and higher will update the review date when a form is sent to the printer.

Note: If a member partially completes a DD Form 2900, but has at least one positive answer, this form will be displayed as an incomplete positive and should be treated like any positive form.

3. Select the ☐ check box next to the form you want to review.
4. Click the  button.

The Summary section of page 4 will display as shown below.

The screenshot shows the 'Post-Deployment Health Re-Assessment (DD2900)' window. At the top, there are input fields for 'Last Name', 'First Name', 'MI' (with 'S' entered), 'Created' (11/18/2005), 'DOB', 'SSAN', 'Date arrived theater' (08/30/2004), and 'Date departed theater' (01/03/2005). Below these is a tabbed interface with five tabs: 'Provider Interview', 'Assessment/Referral 1', 'Assessment/Referral 2', 'Staff Administration', and 'Summary'. The 'Summary' tab is selected. The main content area is titled 'DD Form 2900 Summary' and contains a list of questions: Q6 (Member is unsure if he has a health concern he believes is related to the deployment), Q8 (Member has had serious conflicts since return from the deployment with his spouse, family members, close friends, or at work that continue to c...), Q11a (Member reports having little interest or pleasure in doing things for more than half the days during the past month), Q11b (Member reports feeling down, depressed or hopeless for more than half the days during the past month), and Q12 (Member reports that problems or concerns they indicated on this questionnaire have made it somewhat difficult to do their work, take care of t...). At the bottom of the window are buttons for 'Cancel', 'Save', 'Print', 'Validate', and 'Exit'.

■ Completing the Provider Portion (page 4) of the PDHRA

To access the provider portion of the PDHRA:

1. From the PDHRA List of Positive forms, select the ☐ check box next to the form you want to complete.
2. Click the **View Form** button.

The Summary section of page 4 will display as shown below.

This screenshot is identical to the one above, showing the 'Post-Deployment Health Re-Assessment (DD2900)' window with the 'Summary' tab selected. It displays the same patient information, tabs, and list of questions (Q6, Q8, Q11a, Q11b, Q12) in the 'DD Form 2900 Summary' section.

Note: While the provider page 4 of the PDHRA is one page, it has been divided into five tabs.

3. Click the Provider Interview tab.

The Provider Interview screen will display as shown below:

The screenshot shows the 'Post-Deployment Health Re-Assessment (DD2900)' application window. At the top, there are input fields for 'Last Name', 'First Name', 'MI', 'Created' (11/18/2005), 'DOB', 'SSAN', 'Date arrived theater' (08/30/2004), and 'Date departed theater' (01/03/2005). Below these is a tabbed interface with five tabs: 'Provider Interview' (selected), 'Assessment/Referral 1', 'Assessment/Referral 2', 'Staff Administration', and 'Summary'. The 'Provider Interview' tab contains four sections: 1. Review identified symptoms and deployment concerns identified on form: with radio buttons for 'Confirmed screening results as reported' and 'Screening results modified, amended, clarified during interview'. 2. Ask behavioral risk questions: with sub-questions a and b, each followed by a dropdown menu. 3. IF YES OR UNSURE to behavioral risk questions, conduct risk assessment: with sub-questions a and b, each followed by a dropdown menu. 4. Record additional questions or concerns identified by patient during interview: with a text area. At the bottom of the window are buttons for 'Cancel', 'Save', 'Print', 'Validate', and 'Exit'.

4. Enter the information in the Provider Interview and additional tabs to complete page 4.

Note: Once the provider's signature (Item 8 a and 8b) is entered, the form will be closed and will disappear from the OPEN FORMS List. Therefore, it is important to complete all relevant sections of page 4 before the provider signs off. The completed form can be viewed at any time by using the Search By SSAN button in the PDHRA web application, or by pulling up the member in PIMR (People, Military) and clicking the Deployment button.


Tip: Click the **Validate** button at the bottom of the screen to see what questions have not yet been completed. In order to finalize the form all items must be completed. The Cancel and Save buttons are located at the bottom of the screen. These can be used at any time. The provider page 4 will not print until all the questions have been answered.


Tip: On Assessment/Referral 2, if the provider's name is not displayed in the pick-list then they need to be added into PIMR. From the PIMR Control Center:

1. Click "switch to admin."
2. Click Setup.
3. Click Providers.
4. Enter provider's name and signature block, social security number, and select the HCP box.

■ To Print Forms

1. From the List of forms (Negative or Positive) select the ☐ check box next to the form you want to print.

Note: To select all the check boxes, click the  button near the bottom of the screen.

To clear all of the check boxes, click the  button near the bottom of the screen.

2. Click the  button at the bottom of the screen.

Tip: The MTF may want to put a process in place to review negative PDHRAs weekly, print them and place in members' medical record as required per DOD policy.

3. Click the  button to return to the PDHRA menu.

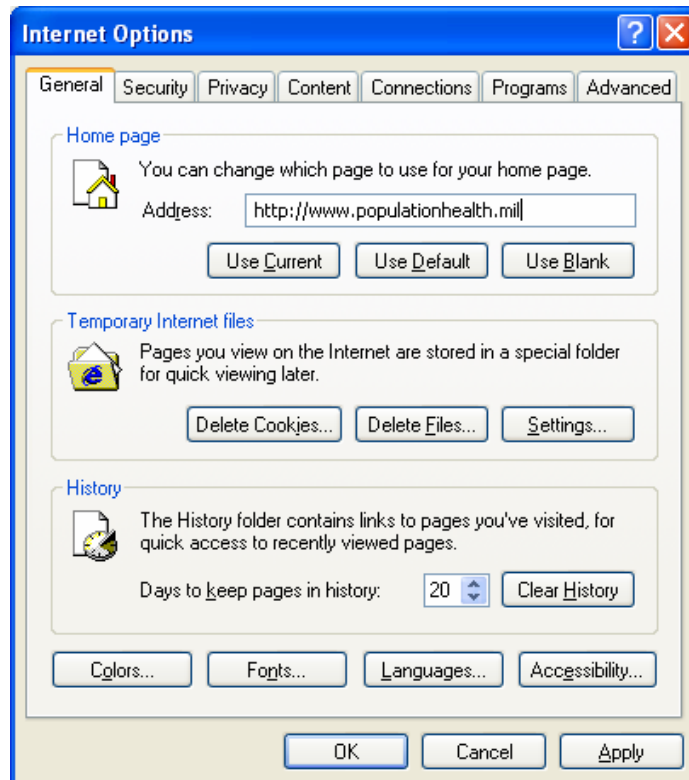
Note: Both positive and negative PDHRAs must be printed for the member's medical record. After reviewing a positive PDHRA, it must be printed. The DD2900, Provider Summary, and Supplemental Forms (e.g. the Additional Question Sets), if any, will print automatically. PIMR version 1430 and higher will display an indicator when the member has completed at least one supplemental form.

INSTRUCTIONS FOR UDMs

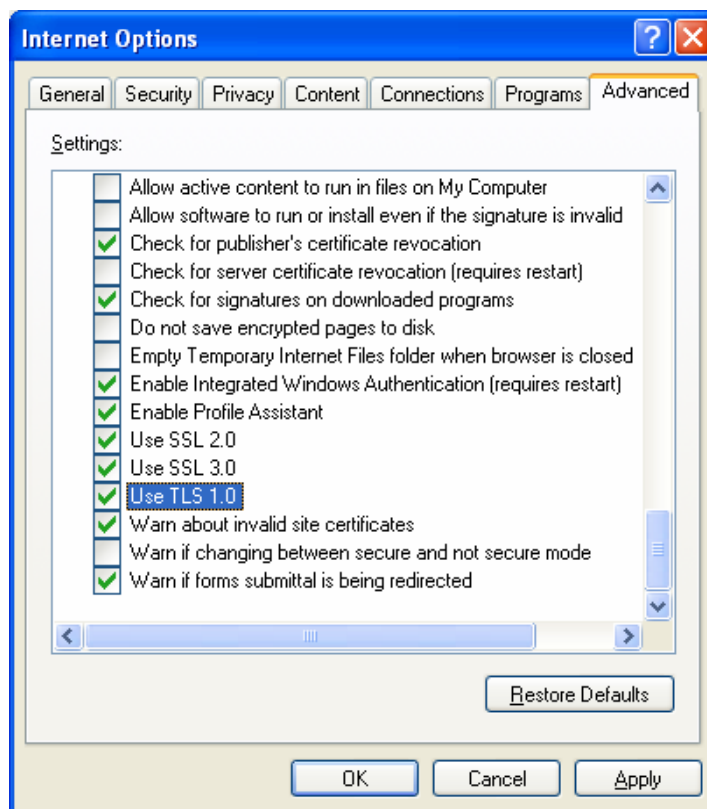
■ Accessing Rosters

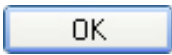
1. From Internet Explorer, select the Internet Options option in the Tools menu item.

The Internet Options window will display as shown below.

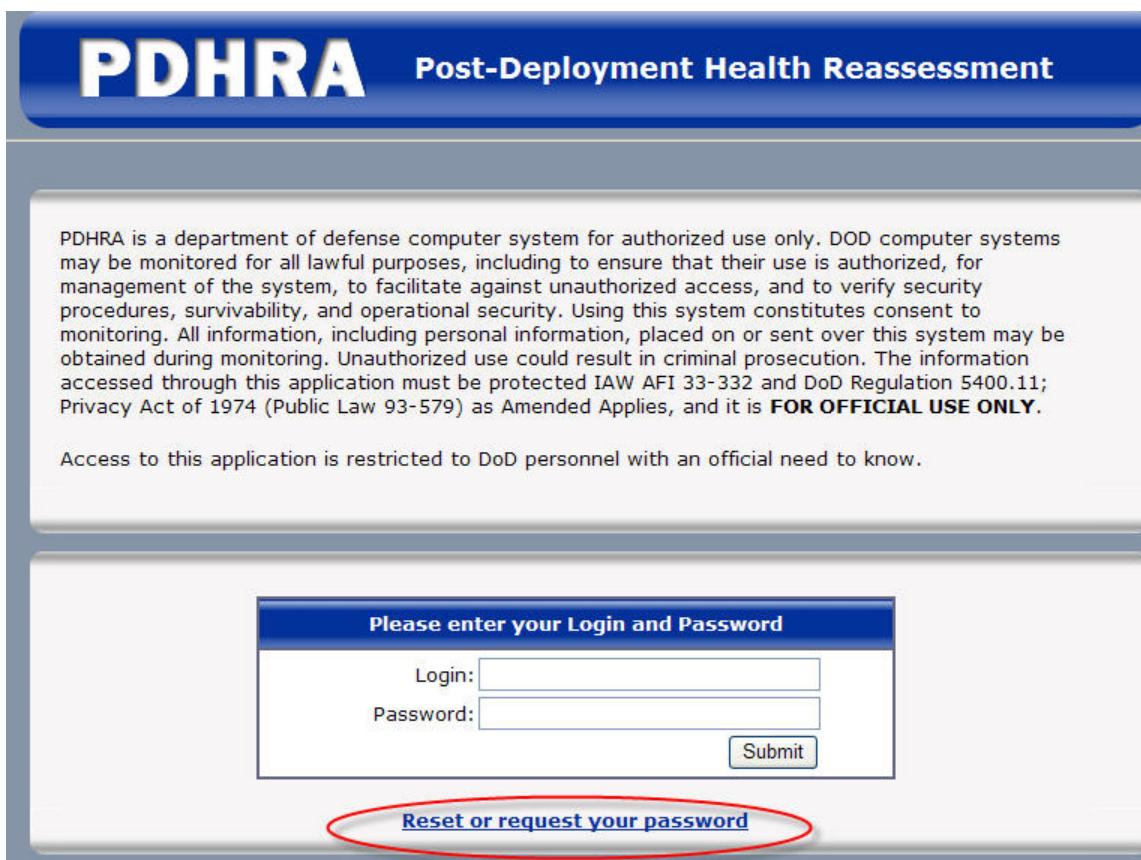


2. Click the Advanced Tab and scroll to the bottom of the list.
3. Check the ☐ Use TLS 1.0 checkbox.



4. Click the  button.
5. Go to the PDHRA website at https://www.afchips.brooks.af.mil/pdhra/pdhra_udm.aspx.

The PDHRA Login page will be displayed.



PDHRA Post-Deployment Health Reassessment

PDHRA is a department of defense computer system for authorized use only. DOD computer systems may be monitored for all lawful purposes, including to ensure that their use is authorized, for management of the system, to facilitate against unauthorized access, and to verify security procedures, survivability, and operational security. Using this system constitutes consent to monitoring. All information, including personal information, placed on or sent over this system may be obtained during monitoring. Unauthorized use could result in criminal prosecution. The information accessed through this application must be protected IAW AFI 33-332 and DoD Regulation 5400.11; Privacy Act of 1974 (Public Law 93-579) as Amended Applies, and it is **FOR OFFICIAL USE ONLY**.

Access to this application is restricted to DoD personnel with an official need to know.

Please enter your Login and Password

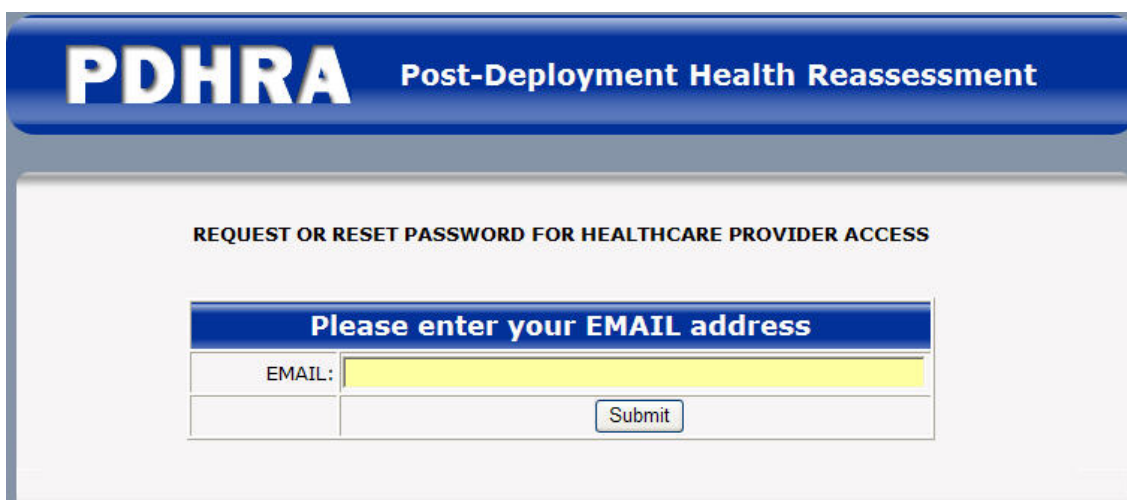
Login:

Password:

[Reset or request your password](#)

6. Click the “Reset or request your password” link.

The Request or Reset Password page will be displayed as shown below.



PDHRA Post-Deployment Health Reassessment

REQUEST OR RESET PASSWORD FOR HEALTHCARE PROVIDER ACCESS

Please enter your EMAIL address

EMAIL:

7. Enter your EMAIL address and click the button.

An e-mail will be sent including the new password

Note: The e-mail will only be sent if the e-mail address has been entered correctly in the PIMR Unit POC data table. If an e-mail address is not in the PIMR Unit POC data table, contact the medical point of contact and request that the email address be corrected.

8. Go back to the PDHRA login page and enter the e-mail address as the Login and the password received in the e-mail.

The PDHRA_UDM page listing the names of personnel needing to complete the PDHRA will be displayed. This list may be exported to Excel.

Note: This list is intended to be an aid to your own internal tracking process. This list is not intended to be the absolute list, since it will only contain names of people who have medically processed for deployment.

9. Inform personnel on the list that they need to enable TLS 1.0 as described in step 1. Ask them to go to the PDHRA login page at <https://www.afchips.brooks.af.mil/pdhra> and log in with their social security number and their date of birth.

Their name will drop off of the due roster as soon as they complete their portion of the Form DD2900.

Note: Contact your local MTF's point of contact for assistance.

■ Fixing A UDM E-mail Address

If roster is not accessible due to an incorrect e-mail, the PIMR Administrator should perform the following steps:

1. From the PIMR Control Center, click the Switch to admin.
2. Click Setup.
3. Click POC.
4. Click Unit POCs.
5. Select the appropriate unit and click edit.
6. Enter the correct name and e-mail.
7. To force an immediate update to the central server, run AFCITA and select "Send Status Report" from the Tools Menu at the top of the screen.
8. If there are any errors during this process, call the PHSD Help desk.
9. The central processor will import their changes within 30 minutes. Actual speed will depend on how busy it is at the moment.

10. The base-level person will press the "PDHRA Web" button in PIMR.
11. Click on the "Select" link next to their Base's name.
12. Scroll down to the Unit and click on the "UDM" link for the Unit.
13. Confirm that the corrected EMAIL address is now available in the central Unit POC table.

■ Contacting members requiring a PDHRA

It is best to e-mail people using the “blind carbon copy” address line to maintain their privacy. Track the read receipts to see which ones are deleted without being read. The following is a sample e-mail.

Good Day,

The Department of Defense requires all individuals who have deployed have the opportunity to complete a Post Deployment Health Reassessment. This questionnaire is similar to the Post Deployment Questionnaire you completed either immediately prior to or following your deployment, but it is designed to help identify health problems after you've settled back into your home and unit life. The goal of this form is to to assess your health status 90-120 days post-deployment and give you the opportunity to address any concerns you might have with a health care provider.

This is a web-based questionnaire and only takes about 10 minutes to complete. To access the website, you must enable TLS 1.0 on your browser. To do this:

1. Go into **Internet Explorer**
2. Select **Tools**, then **Internet Options**, and then select the **Advanced Tab**
3. Scroll to the bottom of the list and check the checkbox for “**Use TLS 1.0.**”

You cannot access the website without making this change.

After you have completed that step, please go to <https://www.afchips.brooks.af.mil/pdhra> and using your SSAN (do not hyphenate) and your birth date, login and complete the PDHRA. Please answer the questionnaire completely. If there are indicators in your responses that suggest you need to be seen by a healthcare provider, your health care team will make every attempt to contact you. However, if for some reason you don't hear from them within a duty day or sooner and you feel this matter is pressing, please contact your PCM to schedule an appointment.

INSTRUCTIONS FOR THE PRP

Members on the PRP must make an appointment to complete the PDHRA in-person at the MTF. The PDHRA application currently has two methods to validate that a computer's configuration is in compliance with Air Force policy. Utilize the validation method that will work best at the MTF.

■ Setting a Browser Cookie

The Air Force's PDHRA application can place a cookie on a computer. This should only be on a computer in the MTF.

Work with the medical systems personnel to establish a user account (i.e. "PDHRA.PRP") with restricted access on the local computer. The PRP member only requires access to the Air Force's PDHRA website (<https://www.afchips.brooks.af.mil/pdhra>).

Once the user account has established on the computer:

1. From Internet Explorer, select the Internet Options option in the Tools menu item.
2. Click the Advanced Tab and scroll to the bottom of the list.
3. Check the Use TLS 1.0 checkbox.
4. Click the OK button.
5. Go to https://www.afchips.brooks.af.mil/pdhra/pdhra_prp_medical.aspx.
6. Log in with your PIMR login.

Note: This is normally the same login used to log in to the network.

7. Enter social security number.

Note: The web application will validate this information against the central PIMR users' data table and will go to the standard PDHRA data entry form.

A person on PRP status will now be able to use this computer to complete the DD2900.

■ Establishing an Approved IP Address

This solution makes the following assumptions:

- Each PRP member has an active NIPRNET account on the base at which they are completing the form.
- Each MTF has one or more dedicated computers within the MTF that will be used for this purpose.

1. Establish static IP Addresses on the designated computers in the MTF.
2. Work with the base network control center to ensure these IP addresses are cleared through the proxy server to <https://www.afchips.brooks.af.mil>.

Note: It is important that the web server can see the static IP addresses and not the address of the base's proxy server.

3. E-mail the list of approved IP Addresses to the PDHRA website administrator: Robert.Williams.ctr@brooks.af.mil.

Once cleared by the PDHRA website administrator, the PRP member can log on to the computer using their NIPRNET account and access <https://www.afchips.brooks.af.mil/pdhra> to complete the DD2900.

ADDITIONAL QUESTION SETS

Individuals who are positive for behavioral health issues will be offered additional questions to further assess their concerns and aid their healthcare provider in addressing their needs. Individuals may be asked to complete up to three additional questions sets depending on their responses on the PDHRA. These include the AUDIT, the PCL-M, and selected questions from the PHQ-9. These are validated tools to help further assess problem drinking, PTSD, and Depression, respectively.

AUDIT

If a member endorses question 10a or 10b, at the completion of the PDHRA, they will be offered the opportunity to answer additional questions that will help the healthcare provider address their needs. If they agree, they will then complete the AUDIT.

The AUDIT is a 10-item screening questionnaire with three questions on the amount and frequency of drinking, three questions on alcohol dependence, and four on problems caused by alcohol. The AUDIT has a decision process that includes brief intervention with heavy drinkers, or referral to specialized treatment for patients who show evidence of more serious alcohol involvement.

AUDIT Scores

Scores for each question range from 0 to 4, with the first response for each question (e.g., never) scoring 0, the second (e.g., less than monthly) scoring 1, the third (e.g., monthly) scoring 2, the fourth (e.g., weekly) scoring 3, and the last response (e.g., daily or almost daily) scoring 4. For questions 9 and 10, which only have 3 responses, the scoring is 0, 2, and 4 (from left to right). **A score of 8 or more is associated with harmful or hazardous drinking. A score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.**

AUDIT Questionnaire

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?

Never	monthly or less	2– 4 times a month	2–3 times a week	4 or more times a week
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2. How many standard drinks containing alcohol do you have on a typical day when drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?

Never less than monthly monthly weekly daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never less than monthly monthly weekly daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never less than monthly monthly weekly daily or almost daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

Never less than monthly monthly weekly daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never less than monthly monthly weekly daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never less than monthly monthly weekly daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

No yes, but not in the last year yes, during the last year

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No yes, but not in the last year yes, during the last year

■ PCL-M

If members answer yes to questions 9a, 9b, 9c, or 9d, suggesting potential PTSD concerns, at the completion of the PDHRA, they will be offered the opportunity to answer additional questions that will help the healthcare provider address their needs. If they agree, they will then complete the PCL-M.

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist:

- 1) PCL-M is specific to PTSD caused by military experiences
- 2) PCL-Civilian (PCL-C) is applied generally to any traumatic event

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment. Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1** *Not at All* – **5** *Extremely*

PCL-M Scores

It is recommended that response categories **3–5** (*Moderately* or above) be considered as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic. For any response categories **3–5** (*Moderately* or above) further evaluation by a behavioral health provider is suggested.

PCL-M Questionnaire

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an “X” in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience from the past?					

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
3.	Suddenly <i>acting</i> or <i>feeling</i> as if a stressful military experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful military experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful military experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful military experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being “ <i>super alert</i> ” or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

■ Modified PHQ-9

If members answer “few or several days,” “more than half the days,” or “nearly every day” to questions 11a or 11b, at the completion of the PDHRA, they will be offered the opportunity to answer additional questions that will help the healthcare provider address their needs. If they agree, they will then complete the modified PHQ-9.

The modified PHQ-9 includes all questions except for the assessment of suicidal ideation.

Modified Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling/staying asleep, sleep too much.				
4. Feeling tired or having little energy.				
5. Poor appetite or overeating.				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.				
7. Trouble concentrating on things, such as reading the newspaper or watching television.				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.				

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat Difficult ☐ Very Difficult ☐ Extremely Difficult

Question 9, a question about suicidality, has been removed from this measure because patients completing the PHQ-9 are not necessarily being immediately evaluated after completing the questionnaire. Therefore, the

scoring algorithm for the PHQ-9 is not applicable and the results for this question set are reported as raw data only.

Note: To use the scoring for the PHQ-9, the member must be asked question 9 as follows (which could be accomplished at an in-person follow-up, saving the time needed to get the information for the first eight questions):

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
9. Thoughts that you would be better off dead or of hurting yourself in some way.				

PHQ-9 Scores

The complete PHQ-9 would be scored as follows:

Scoring for depression severity:

0-4 None

5-9 Mild

10-14 Moderate

15-19 Moderately Severe

20-27 Severe

*Kroenke, K. & Spitzer, R.L. The PHQ-9: a new depression diagnostic and severity measure. *Psychiatric Annals*, 2002; 32: 509-521.



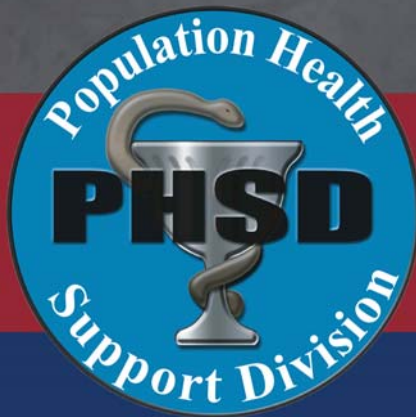
USEFUL LINKS

- ◆ PDHRA Form: **<https://www.afchips.brooks.af.mil/phdra>**
This is the site where the member completes the DD FORM 2900.
- ◆ PHSD PDHRA Knowledge Junction: **<https://kx.afms.mil/pdhra>**
This site includes has the User guide, brochures, policy information, sample processes.
- ◆ PDhealth PDHRA Page: **<http://www.pdhealth.mil/dcs/pdhra.asp>**
Comprehensive Tri-Service site
- ◆ PDHRA Provider Training:
<http://www.pdhealth.mil/dcs/BlueSky/index.html>
- ◆ UDM PDHRA Web Application:
https://www.afchips.brooks.af.mil/pdhra/pdhra_udm.aspx
- ◆ PDHRA Compliance Tool:
<https://www.afchips.brooks.af.mil/main.htm>
This site provides information on PDHRA compliance.



REFERENCES

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